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**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/740,572
Filing Date	18-Dec-2000
First Named Inventor	Nelson, D.
Art Unit	1764
Examiner Name	
Attorney Docket Number	DP-302477

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	PATRICK M. GRIFFIN, ASSISTANT SECRETARY, DELPHI TECHNOLOGIES, INC.				
Signature	<i>Patrick M. Griffin</i>				
Date	9-23-04		Telephone	248-813-1215	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of _____ forms are submitted.

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